

Patient Name: _____ DOB: _____ Pre-Cert # _____
 Appt. Date: _____ Appt. Time: _____ SS #: _____ Primary Ph: _____ Secondary Ph: _____
 Patient Email: _____ Mobile Home Work Mobile Home Work
 Referring Physician: _____ NPI # _____
 Diagnosis & Dx Code: _____

PHYSICIAN'S SIGNATURE:

 Self Read Y N

Dr. Contact Name: _____
 Dr. Ph: _____ Dr. Fax: _____
 STAT-Call with Report Cell #: _____
 Fax Report Send CD with Patient

MR-MAGNETIC RESONANCE

HEAD / SPINE

Brain
 IAC's
 Pituitary
 Orbits
 Cervical
 Thoracic
 Lumbar
 Other: _____

BODY / SOFT TISSUE

Neck
 Brachial Plexus
 Chest
 Breast
 Abdomen
 Pelvis
 MRCP
 Other: _____

MUSCULOSKELETAL

TMJ Left Right
 Elbow Left Right
 Hand Left Right
 Femur Left Right
 Lower Leg Left Right
 Foot Left Right
 Shoulder Left Right
 Wrist Left Right
 Hip Left Right
 Knee Left Right
 Ankle Left Right
 Other: _____

MR-ANGIOGRAPHY

ANGIOGRAPHY

Head/COW
 Neck Corotids
 Abdominal Renals
 Runoff Left Right

NUCLEAR MEDICINE

Myocardial Scan
 Treadmill
 Adenoscan
 Lexiscan
 Bone Scan
 Thyroid Uptake Scan
 Renal Lasix Captopril
 HIDA Scan
 Parathyroid Scan
 Gastric Emptying Scan
 Liver/Spleen Scan
 MUGA Scan
 Other: _____

COMPUTED TOMOGRAPHY

BODY

Chest
 Abdomen
 Pelvis
 Extremity _____

HEAD

Brain
 Sinuses
 IAC's
 Orbits
 Neck
 Face

SPINE

Cervical
 Dorsal/Thoracic
 Lumbar
 3D Recon

CT ANGIOGRAPHY

Head
 Pulmonary
 Neck
 Aorta
 Runoff
 Renals
 Pelvic
 Mesenteric
 Other: _____

ULTRASOUND

GENERAL

Abdominal
 Aorta
 Breast
 Left Right
 Gallbladder/RUQ
 Renal Renal ART
 Scrotal/Testicular
 Thyroid
 Soft Tissue
 Area of mass: _____

CARDIAC & VASCULAR

Echo (w/ Doppler)
 Stress Echo
 Carotid
 Venous r/o DVT
 Lower Extremity R / L
 Upper Extremity R / L
 Arterial
 Lower Extremity R / L
 Upper Extremity R / L
 Arterial with ABI
 ABI Only

GYN

Pelvic/Trans-vaginal

X-RAY

EXTREMITY

RT / LT / BIL
 Body Part _____
 AP/LAT
 Oblique
 Other _____

SPINE

Body Part _____
 AP/LAT
 Obliques
 Flexion/Extension
 Swimmers
 Odontoid
 Fuchs
 Spot (L5/S1)

CHEST

PA/LAT

RIB SERIES

RT / LT / BIL
 PA Chest/AP/Obliques

ABDOMEN

Abdomen Series
 KUB

PELVIS

Pelvis

HIPS

RT / LT / BIL
 AP/LAT
 Other _____

SKULL/SINUS/ORBITS

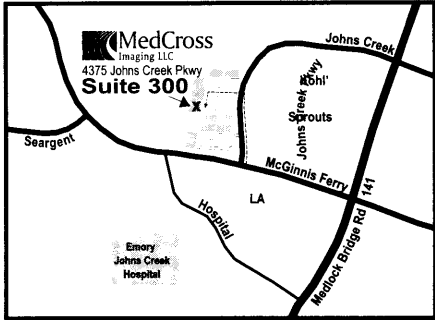
PA/LAT
 Other (3 View) _____

OTHER

CONTRAST With Without With and Without Radiologist Discretion

Is patient pregnant? Yes No
 Is patient diabetic? Yes No If yes, current Rx medications: _____
 Does patient have history of kidney disease? Yes No If yes, please evaluate Renal Function for a high risk patient
 Is patient allergic to Iodine contrast or has had prior reaction? Yes No If patient is having contrast, please fax over Bun/Creatinine and Clinical Notes
 Clear patient for MRI: Aneurysm Clip Pacemaker
 If patient is claustrophobic, have them bring/take light sedation medications and we require that the patient be accompanied by a driver.

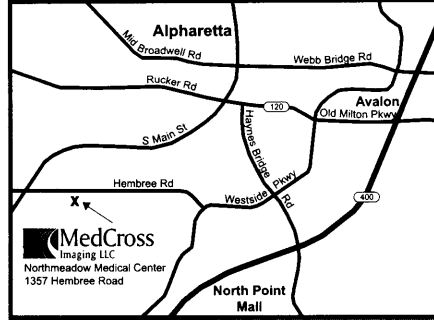
Johns Creek:



Directions from GA 400, to Windward Parkway (exit 11). Take Windward eastbound until it ends, then right on McGinnis Ferry Road to left on Johns Creek Parkway (just past Johns Creek Baptist Church), then 2nd left into office park, to end (We are in the building you are now facing), then left, we are on left-hand end of building in Suite 300.

Directions from Interstate 85, to Lawrenceville-Suwanee Road (exit 111). Take Lawrenceville-Suwanee Road westbound go left on Satellite Boulevard, to right on McGinnis Ferry Road to right on Johns Creek Parkway AFTER you have crossed 141/Medlock Bridge Road intersection (just past Kohl's Shopping Center), then 2nd left into office park, to end (We are in the building you are now facing), then left, we are on left-hand end of building in Suite 300.

Roswell: *Opening Soon*



From GA 400 Southbound: Take Exit 10 for Old Milton Pkwy to turn right toward Alpharetta onto GA-120W/Old Milton Pkwy. Travel 1.4 miles, then use the left two lanes to turn left onto GA120W/GA-9S/S Main Street. Travel 1.9 miles, then turn left onto Hembree Rd. Travel approx 1 mile. We are on the right at the Northmeadow Medical Center. 1357 Hembree Rd.

From GA 400 Northbound: Take Exit 10 for Old Milton Pkwy to turn left toward Alpharetta onto GA-120W/Old Milton Pkwy. Travel 1.4 miles, then use the left two lanes to turn left onto GA120W/GA-9S/S Main Street. Travel 1.9 miles, then turn left onto Hembree Rd. Travel approx 1 mile. We are on the right at the Northmeadow Medical Center. 1357 Hembree Rd.

Additional Centers:

Conyers
1700 Honey Creek Commons
Conyers, GA 30013
Phone: 770-648-7974
Fax: 770-679-9387

Stockbridge
245 Village Center Parkway
Stockbridge, GA 30281
Phone: 770-648-7974
Fax: 770-679-9387

Riverdale
6525 Professional Place
Riverdale, GA 30274
Phone: 770-648-7974
Fax: 770-679-9387

Woodstock
203 Woodpark Place
Woodstock, GA 30188

Macon
1818 Forsyth Street, Suite 100
Macon, GA 31201
Phone: 478-738-0099
Fax: 478-750-9723

Eastman
842 Professional Center Drive
Eastman, GA 31023
Phone: 478-374-4305
Fax: 478-374-1366

Coming Soon

Decatur

Lithia Springs
900 Thornton Road, Suite A
Lithia Springs, GA 30122

PREPARATION INSTRUCTIONS

ULTRASOUND (Please call for instructions for pediatric patients)

- ENTIRE ABDOMEN:** (gallbladder, liver, pancreas, kidneys, spleen and aorta)
Nothing to eat or drink after midnight.
 - AORTA:** (evaluate for abdominal aortic aneurysm)
Nothing to eat or drink after midnight. FULL BLADDER-Bladder must be full for the examination.
 - RIGHT UPPER QUADRANT:** (liver, gallbladder, right kidney and pancreas)
Nothing to eat or drink after midnight.
 - RENAL/BLADDER:**
FULL BLADDER-Bladder must be full for the examination.
 - PELVIC:**
FULL BLADDER-Bladder must be full for the examination.
 - BREAST** **ECHO with DOPPLER** **SOFT TISSUE**
 - CAROTID** **SCROTAL/TESTICULAR** **THYROID:**
- Nothing to eat or drink after midnight.

NUCLEAR MEDICINE Please call for instructions for pediatric patients)

- MYOCARDIAL IMAGING:**
Wear comfortable clothing and walking shoes. Nothing to eat or drink after midnight. Hold blood pressure medicine until after the test and no caffeine 24 hours prior to exam.
- HIDA, GASTRIC EMPTYING STUDY:**
Nothing to eat or drink after midnight.
- THYROID:**
No CT IV contrast for 6 weeks prior to procedure. Hold thyroid medication until after test.
- BONE SCAN:**
No preparation required.

PREPARATION INSTRUCTIONS

COMPUTED TOMOGRAPHY

- CT WITH ORAL CONTRAST:**
Take nothing by mouth 4 hours prior to your examination. You will be asked to drink an oral contrast before your appointment. The oral contrast allows visualization of your large and small bowel. Please obtain the contrast from our office, or arrive an hour early to drink here.
- CT WITHOUT CONTRAST:**
No preparation required.
- MRI WITH CONTRAST**
Take nothing by mouth 4 hours prior to your examination.
- MRI, ANGIOGRAPHY & X-RAY**
No preparation is required